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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/345,525 01/16/2003 PAT 6,726,690
 which claims benefit of 60/369,701 04/02/2002
 and claims benefit of 60/349,742 01/17/2002

86 02

** FOREIGN APPLICATIONS *****

none 02

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 06/29/2004

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|---|----------|---------|--------|-------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | MS | 8 | 8 | 1 |

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TITLE

Diskectomy instrument and method

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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